

Gastroscopy and Oesophageal Dilatation

Endoscopy Unit

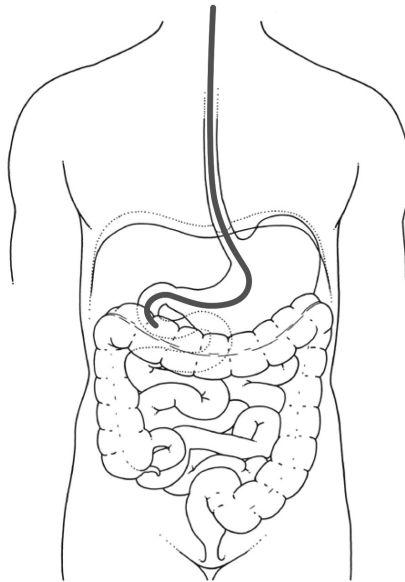
Introduction

Your Doctor has advised that you should have a Gastroscopy and Oesophageal Dilatation (stretching of the gullet).

This leaflet tells you why you need the investigation, how to prepare for it and what to expect on the day and immediately afterwards. If you have any remaining concerns or queries when you have read the leaflet, please telephone us on one of the telephone numbers found at the end of this leaflet.

What is a Gastroscopy

A Gastroscopy allows the doctor or nurse to look into your gullet (oesophagus), stomach and the first part of the small bowel (duodenum).



The gastroscopy is a long flexible tube (thinner than a finger) with a bright light at the end. It is passed through your mouth, down your oesophagus, into your stomach and duodenum. The doctor or nurse can see the narrowed areas which need dilatation.

Why do I need oesophageal dilatation?

You may have already had a gastroscopy or barium swallow test which has shown that your gullet has become narrowed. This stops food from easily passing through the gullet and into the

stomach, causing difficulty swallowing. The aim of this procedure is to gently stretch the narrowed area in the gullet to help food pass through into your stomach.

Consent

You will be asked to sign a consent form to give permission to have the test done. The consent form may be completed in clinic, or be sent to you with the appointment details. Please read all the information on the consent form.

You will be asked to consent to having the procedure, but we also need your permission to retain and store in the laboratory any tissue samples removed at the time of endoscopy.

If you have no questions, it is important that you sign the consent form at home at least one day before the test; otherwise this will be done prior to the test after you have spoken to a nurse or doctor.

Please bring the consent form with you to your appointment.

Preparation for the Gastroscopy and Oesophageal Dilatation

Your stomach must be empty during the gastroscopy. Please do not have anything to eat for 6 hours before your appointment. Please avoid alcohol on the day of your appointment.

You can drink water until 2 hours before your appointment.

When you arrive at the endoscopy Unit please report to reception and you will then be asked to take a seat in the waiting area.

A Nurse will invite you into an office to ask you questions about your health, explain about the gastroscopy and find out what arrangements you have made for going home. You will have the chance to ask any questions that you may have. You will also have the opportunity to confirm the details on your consent form with a nurse or your endoscopist.

There may be a delay before you are taken through for your procedure. If it is appropriate, it might be possible for one relative or friend to wait with you. This will be dependent on the activity in the Endoscopy Unit and national guidance, such as COVID-19 rules and therefore may be subject to change.

If you take anticoagulant tablets (such as Warfarin, Rivaroxaban, Dabigatran Apixaban or Edoxaban), or antiplatelet drugs (such as Clopidogrel, Prasugrel or Ticagrelor), or if you are a Diabetic, please telephone 01922 656217 and speak to a Nurse, as we may need to alter your medication before your procedure. You can take all other medications as normal.

In the examination room

Before the gastroscopy is done you will be asked to remove your glasses, (contact lenses can stay in) and to remove any false teeth (a denture pot is provided). Outer clothing i.e. coats and jumpers will need to be taken off. The gastroscopy and dilatation is usually performed with local anaesthetic spray to your throat and a sedative injection.

Local anaesthetic spray

This is sprayed to the back of your mouth and you are asked to swallow. After a few seconds it will start to make your throat feel numb.

Having the spray makes it more comfortable when the gastroscope is passed down through your throat. After the gastroscopy you will have to wait 1 hour before you can eat or drink.

Sedation

This is an injection given into a vein in your hand or arm to make you feel drowsy and relaxed. Some people do not have any memory of the gastroscopy being done.

It is very important that you have an adult to accompany you home (by car or taxi) and for an adult to be with you until the next day. It is strongly recommended that you do not drink any alcohol, do not drive any vehicle, do not operate any machinery, sign any legal documents, or return to work for 24 hours. This is because the effects of the sedation last this long.

Sometimes sedation may not be advisable because of other health problems.

The Gastroscopy and Oesophageal Dilatation

A Nurse will stay with you throughout the Gastroscopy. You will be made comfortable lying on your left side on a trolley. A mouth guard will be placed between your teeth (or gums); this keeps your mouth slightly open and prevents you from biting the gastroscope. The nurse will hold this in place. You will be given some oxygen to breathe through a small plastic tube in your nostrils. Throughout the gastroscopy a monitor is placed on your finger to check your pulse and oxygen levels.

The doctor or nurse will pass the gastroscope over your tongue to the back of your throat and will ask you to swallow. The gastroscope will then pass into your gullet, stomach and duodenum.

The gastroscopy only takes a few minutes.

You may feel the gastroscope move inside you and you may feel full of air and bloated. This is because air is blown into your stomach to ensure good views are seen.

During the gastroscopy the nurse, using a sucker similar to the dentist, will remove any saliva collecting in your mouth. Once the narrowed area has been identified, using specialised equipment, the gullet will be gently stretched. X-rays may be used during the procedure.

As soon as the gastroscope is removed the mouth guard is taken out of your mouth and the test is over.

After the Gastroscopy

If you have had local anaesthetic throat spray you will have to wait 1 hour before you can eat and drink. Please tell us of any specific dietary requirements at least 24 hours prior to your procedure.

If you have had sedation you will be cared for in the recovery area on the trolley until you are fully awake, have had something to eat and drink and it is safe for you to go home. This may be between 1 - 2 hours. You will have some written instructions to take home and you will need to have an adult to accompany you.

When will I receive the results?

The doctor or nurse will usually give you the results before you go home. If you have had sedation you may not remember all that has been said to you, however, the test results can sometimes be given to you by your general practitioner or at clinic.

The nurse will advise you how to obtain your results.

Will Oesophageal Dilatation work?

The effects of dilatation vary from person to person. You should experience improvement in your swallowing but the procedure may have to be repeated if the narrowing recurs.

Are there any alternatives to a Gastroscopy and Oesophageal Dilatation?

There are alternatives including surgery or leaving things as they are and doing nothing. Your doctor will discuss your options with you.

What are the risks of Gastroscopy and Oesophageal Dilatation?

The majority of gastroscopies are safe and uncomplicated. As with any procedure there is a small chance of side effects or complications. You may feel a sore throat or a bloated sensation, caused by blowing air into the stomach. This will settle within a few days.

The most serious risk of dilatation is that a perforation (tear) can be caused in the wall of the gullet. A large study estimates that the risk of causing a perforation is about 1 in 100 although the risk is higher (1 in 20) if the narrowing is caused by cancer.

Missed lesions: Although this procedure is being undertaken to provide endoscopic treatment for your underlying condition it is also the best test to detect any other abnormalities. However, no test is perfect and there is a small risk that we may miss other lesions including polyps and rarely cancers.

Severe complications are rare, but may require emergency admission, repeat endoscopic procedure, surgery, blood transfusion or, in extremely rare circumstances, result in death.

Information for women of childbearing age

If you are pregnant or think that there is a possibility you could be pregnant, please contact the endoscopy unit on the telephone number at the front of this booklet.

We will need to discuss your individual circumstances as it may be necessary to cancel or delay your appointment.

Training

Walsall Healthcare NHs trust is a Regional Centre for Endoscopy Training. You may be asked prior to your procedure if you would consent to be examined by a trainee consultant / trainee nurse endoscopist.

All trainees are under the direct supervision of an expert consultant trainer until they are fully competent; the consultant is there to ensure your safety and comfort. With your help it will be possible to train the specialists of the future.

Clinical Photography

Clinical Photography is the visual recording of clinical conditions for use in your patient record. They are used by health care professionals to help monitor your clinical condition and are often used in the treatment planning process along with other tests such as X-rays, scans and blood tests, etc.

With your permission, clinical photographs can also be used for teaching doctors, nurses and other medical professionals, as well as research, audit and quality assurance purposes.

Contact details

If you require any further information, please contact us on these numbers:

Endoscopy Booking Office:

01922 656217

Monday to Friday, 8:30am to 4:30pm

Useful External Agencies:

Guts UK – The Charity for the Digestive System

3 St Andrews Place

Regents Park

London, NW1 4LB

Telephone: 020 7486 0341

Fax: 020 7224 2012

email: info@gutscharity.org.uk

<https://gutscharity.org.uk/>



Jeśli chcą Państwo otrzymać tę ulotkę w języku polskim prosimy skontaktować się z Działem ds. Relacji z Pacjentami.



ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਵਿਤਾਬਚਾ ਪੰਜਾਬੀ ਵਿੱਚ ਚਾਹੀਦਾ ਹੈ, ਤਾਂ ਵਿਰਧਾ ਕਰਕੇ ਪੇਸ਼ਟ ਰਿਲੇਸ਼ਨਜ਼ ਟੀਮ (Patient Relations Team) ਨਾਲ ਸੰਪਰਕ ਕਰੋ।



যদি আপনি এই লিফলেটটি বাংলায় চান তবে অনুগ্রহ করে প্যাশেন্ট রিলেশন টিম-এর সাথে যোগাযোগ করুন।



Dacă doriți acest pliant în limba română, vă rugăm să vă adresați echipei de relații cu pacienții.



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پیشنٹ ریلیشنز ٹیم سے رابطہ کریں۔



If you require this leaflet in Braille, please contact the Patient Relations Team.